

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

| | | | | | |
|--|--|------------------------------------|---|---|--|
| (1) DEPARTMENT Public Works | | (2) MEETING DATE April 25, 2006 | | (3) CONTACT/PHONE Doug Bird/781-5116 | |
| (4) SUBJECT Submittal of a Resolution Authorizing a Grant Agreement for \$300,743 in Proposition 50 Funding for Installation of a Granular Activated Carbon Filter at the Cayucos Water Treatment Plant for County Service Area 10 and Authorizing the Director of Public Works to Execute a Funding Agreement with the Department of Water Resources | | | | | |
| (5) SUMMARY OF REQUEST It is requested that your Board execute the attached Resolution and Letter of Commitment attached thereto for \$300,743 in Proposition 50 Grant money and authorizing the Public Works Director to execute the Proposition 50 Funding Agreement and to sign and execute the necessary forms, claims and paperwork for processing the grant reimbursement for a Granular Activated Carbon Filter for the Cayucos Water Treatment Plan. | | | | | |
| (6) RECOMMENDED ACTION It is recommended that your Honorable Board: 1. Execute the attached Resolution and the Letter of Commitment (LOC) attached thereto approving \$300,743 in Proposition 50 Grant money from the California Department of Water Resources. 2. Authorizing the Director of Public Works to Execute a Funding Agreement with the Department of Water Resources. | | | | | |
| (7) FUNDING SOURCE(S) n/a | | (8) CURRENT YEAR COST n/a | | (9) ANNUAL COST n/a | |
| (10) BUDGETED? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | | | | | |
| (11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST): The State Department of Health Services will final the Letter of Commitment, The California Department of Water Resources will execute the Funding Agreement and will authorize and issue the grant reimbursements for the project. County Counsel has approved the attached resolution as to legal form and effect. | | | | | |
| (12) WILL REQUEST REQUIRE ADDITIONAL STAFF? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, How Many? _____ <input type="checkbox"/> Permanent _____ <input type="checkbox"/> Limited Term _____ <input type="checkbox"/> Contract _____ <input type="checkbox"/> Temporary Help _____ | | | | | |
| (13) SUPERVISOR DISTRICT(S) <input type="checkbox"/> 1st, <input checked="" type="checkbox"/> 2nd, <input type="checkbox"/> 3rd, <input type="checkbox"/> 4th, <input type="checkbox"/> 5th, <input type="checkbox"/> All | | | (14) LOCATION MAP <input checked="" type="checkbox"/> Attached <input type="checkbox"/> N/A | | (15) Maddy Act Appointments Signed-off by Clerk of the Board |
| (16) AGENDA PLACEMENT <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Hearing (Time Est. _____) <input type="checkbox"/> Presentation <input type="checkbox"/> Board Business (Time Est. _____) | | | (17) EXECUTED DOCUMENTS <input checked="" type="checkbox"/> Resolutions (Orig + 4 copies) <input type="checkbox"/> Contracts (Orig + 4 copies) <input type="checkbox"/> Ordinances (Orig + 4 copies) <input type="checkbox"/> N/A | | |
| (18) NEED EXTRA EXECUTED COPIES? <input type="checkbox"/> Number: _____ <input type="checkbox"/> Attached <input checked="" type="checkbox"/> N/A | | | (19) APPROPRIATION TRANSFER REQUIRED? <input type="checkbox"/> Submitted <input type="checkbox"/> 4/5th's Vote Required <input checked="" type="checkbox"/> N/A | | |
| (20) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) _____ | | | (21) W-9 <input type="checkbox"/> No <input type="checkbox"/> Yes | | (22) Agenda Item History <input type="checkbox"/> N/A Date February 7, 2006 |
| (23) ADMINISTRATIVE OFFICE REVIEW <div style="text-align: right; font-family: cursive; font-size: 1.2em; margin-top: 20px;">OK, A. Brown by C. Anderson</div> | | | | | |

B-225-06
4-25-06



SAN LUIS OBISPO COUNTY DEPARTMENT OF PUBLIC WORKS

Noel King, Director

County Government Center, Room 207 • San Luis Obispo CA 93408 • (805) 781-5252

Fax (805) 781-1229

email address: pwd@co.slo.ca.us

TO: Board of Supervisors

FROM: Doug Bird, Hydraulic Operations Administrator *DOB*

VIA: Paavo Ogren, Deputy Public Works Director - Administration *PO*

DATE: April 25, 2006

SUBJECT: Submittal of a Resolution Authorizing a Grant Agreement for \$300,743 in Proposition 50 Funding for Installation of a Granular Activated Carbon Filter at the Cayucos Water Treatment Plant for County Service Area 10 (Cayucos) and Authorizing the Director of Public Works to Execute a Funding Agreement with the Department of Water Resources

Recommendation

It is recommended that your Honorable Board:

1. Execute the attached Resolution and the Letter of Commitment (LOC) attached thereto approving \$300,743 in Proposition 50 Grant money from the California Department of Water Resources.
2. Authorizing the Director of Public Works to Execute a Funding Agreement with the Department of Water Resources.

Discussion

Your Board's execution of the attached resolution will authorize and designate the Public Works Director to execute the Proposition 50 Funding Agreement and to sign and execute the necessary forms, claims and paperwork for processing the grant reimbursement for a Granular Activated Carbon Filter for the Cayucos Water Treatment Plant.

The Cayucos Water Treatment Plant has experienced seasonal taste and odor problems in the drinking water it produces since the plant began operation in 1997. In addition, the plant must now comply with Stage 1 of the Disinfectant/Disinfection Byproduct (DBP) Rule and it must prepare for compliance with Stage 2 of this rule. Treatment options for taste and odor and for DBP's were evaluated and a granular activated carbon (GAC) adsorption unit was selected as the preferred treatment.

The installation of fixed foundation improvements necessary for the operation of two carbon adsorption filters at the Cayucos Water Treatment Plant was completed in August of 2005. This project has two additional phases. First, the GAC filtration unit, a pre-fabricated assembly

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shipped partially assembled on a skid, will be purchased from the supplier and delivered and off-loaded on to the concrete slab by the manufacturer. The estimated cost of fabricating and furnishing the GAC unit is approximately \$210,000. Last, County personnel will perform and/or obtain minor purchase order contract work required to make electrical and mechanical connections from the GAC unit to the Cayucos WTP and be trained on and facilitate the start-up and operation of this new equipment.

On February 7, 2006 your Board executed a resolution authorizing the Director of Public Works to apply for grant funding for this project. Those application efforts were successful. Execution of the attached Resolution and the Letter of Commitment attached thereto authorizing the Director of Public Works to complete and execute the Funding Agreement and other necessary forms, claims, and paperwork for processing the grant reimbursement will ensure that the project receives the grant funding needed to complete the GAC Filter project.

Other Agency Involvement/Impact

The State Department of Health Services will final the Letter of Commitment. The California Department of Water Resources will execute the Funding Agreement and will authorize and issue the grant reimbursements for the project. The Cayucos Area Water Organization is aware of this request concurs with the recommended action. County Counsel has approved the attached resolution as to legal form and effect.

Financial Considerations

Obtaining \$300,743 of Proposition 50 grant funding will help reduce the impact on water customer rates and charges from the construction of the needed Granular Activated Carbon Filter Unit, allowing those funds to be utilized on other needed capital improvements. The amount budgeted for this project is \$532,417 with expected project costs of \$522,066. Under the provisions of Proposition 50, the District qualifies as a small water system and therefore no matching funds are required. However, this project is non discretionary, and this grant funding will offset approximately 56% of the total project costs.

For further detail, please refer to Exhibit A.

Results

Approval of the recommended action will lead to the receipt of \$300,743 in grant funding for a necessary Cayucos Water Treatment Plant Project that is already underway, thus saving the community that sum of money in their water fund reserves. This project will enhance the delivery of high quality potable water to the residents of the Cayucos area in support of a safe, livable, and prosperous community.

Attachments: Resolution
 Letter of Commitment
 Location Map

File: CF 320.455. 02 Districts/CSA#10 (Cayucos)

Reference: 06APR25-C-4

L:\UTILITY\APR06\BOS\prop 50 LOC bosltr2.wpd.EL:CAH

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EXHIBIT A

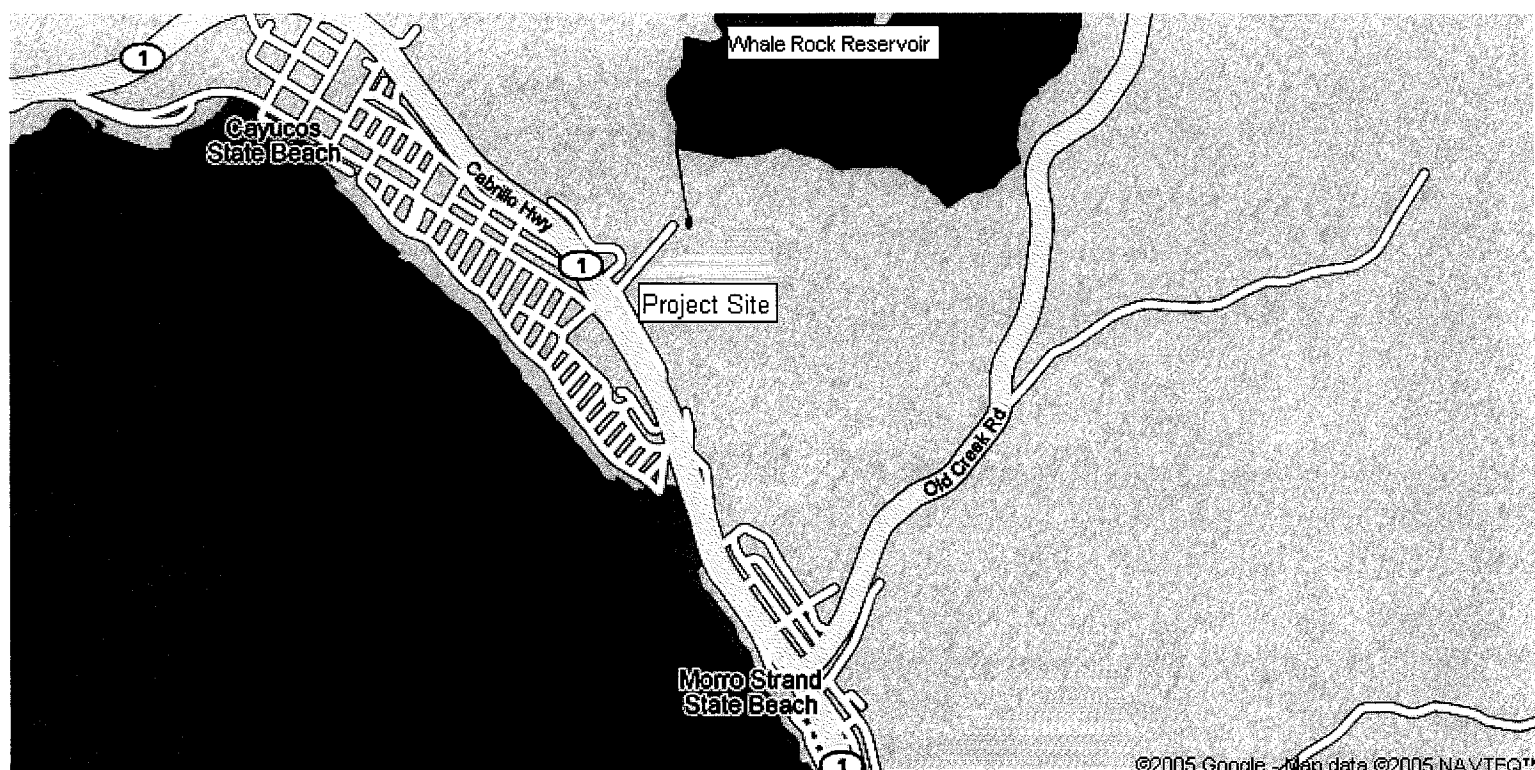
Projected Cost Estimates

Carbon Absorbtion Unit 300203

| EXPENDITURES: | TOTAL PROJECT COSTS | PROJECT BUDGET | Variance Pos (Neg) |
|----------------------------------|------------------------------------|---------------------------|-------------------------------|
| Preliminary Engineering / Design | 193,734.00 | 209,837.50 | (16,103.50) |
| Environmental | 1,793.00 | 1,793.00 | - |
| AD-15 Processing | 2,000.00 | 4,795.50 | (2,795.50) |
| *Carbon Absorbsion Unit | 214,827.00 | 217,140.00 | (2,313.00) |
| Construction | 120,063.50 | 88,500.00 | 31,563.50 |
| Total | 532,417.50 | 522,066.00 | 10,351.50 |
| BUDGET FUNDING SOURCES | | | |
| CSA 10 Reserves | 532,417.50 | 221,323.00 | 311,094.50 |
| Proposition 50 Funding | - | 300,743.00 | (300,743.00) |
| Total | 532,417.50 | 522,066.00 | 10,351.50 |

* Carbon Absorbtion Unit \$210,000, Overhead and Contingency Charges \$17,140

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IN THE BOARD OF SUPERVISORS

County of San Luis Obispo, State of California

_____ day _____, 20____

PRESENT: Supervisors

ABSENT:

RESOLUTION AUTHORIZING EXECUTION OF A LETTER OF COMMITMENT AND APPLICATION FOR A DEPARTMENT OF HEALTH SERVICES PROPOSITION 50 FUNDING PROGRAM GRANT, SUPERVISORIAL DISTRICT NO. 2

The following resolution is now offered and read:

WHEREAS, the San Luis Obispo County Board of Supervisors, as the governing Board of County Service Area No. 10 (District), has the authority to construct, operate, and maintain the County Service Area No. 10 Water Treatment Plant; and

WHEREAS, the District desires to assure that District's Water Treatment Plant meets minimum safe drinking water standards; and

WHEREAS, it is now necessary to complete the construction project for purchase and installation of certain improvements to District's Water Treatment Plant; and

WHEREAS, the California Department of Health Services (CADHS) invited the District to apply for Proposition 50 grant funds for those necessary improvements to District's Water Treatment Plant; and

WHEREAS, on February 7, 2006, the San Luis Obispo County Board of Supervisors authorized the Director of Public Works to apply to CADHS for said grant funding; and

WHEREAS, the District has either disbursed the cash or retains the required reserve of \$221,323 needed to complete the entire project; and

WHEREAS, it is now necessary to execute the attached Letter of Commitment (Attachment A) with CADHS in order to meet the requirements for obtaining a Funding Agreement for the requested grant funding; and

WHEREAS, upon execution of the Letter of Commitment and the District's completion of the conditions contained therein, California Department of Water Resources (DWR) and the District will execute a Funding Agreement for the requested grant funds.

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NOW THEREFORE BE IT RESOLVED by the San Luis Obispo County Board of Supervisors, as the governing Board of County Service Area No. 10 (Cayucos) that, pursuant and subject to all of the terms and provisions of the California Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 and all amendments thereto.

1. The Chairperson of the San Luis Obispo County Board of Supervisors is hereby directed to execute the attached Letter of Commitment (Attachment A).
2. The Director of Public Works is hereby authorized to submit the executed Letter of Commitment to the California Department Health Services indicating that the District is willing and able to comply with the conditions in the Letter of Commitment and with the terms of the Funding Grant Program.
3. The Director of Pubic Works or the Deputy Public Works Director is hereby authorized and directed to execute and file the Funding Agreement and any subsequent amendments thereto with DWR.
4. The Director of Public Works is hereby authorized and directed to serve as the Grants Administrator for the administration of the Funding Agreement upon its execution and to represent the District in all matters with the California Department of Water Resources related to said Funding Agreement, including completion of all of the necessary forms, claims, and paperwork for processing the grant reimbursement.
5. The County Engineer, a California Registered Civil Engineer, is hereby authorized and directed to sign the Budget and Expenditure Summary Form, to sign the Contractor's Release Form, and to sign the certification that the project is complete and ready for final inspection

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Upon motion of Supervisor _____ seconded by
Supervisor _____, and on the following roll call vote, to wit:

AYES:

NOES:

ABSENT:

ABSTAINING:

the foregoing Resolution is hereby adopted.

Chairperson of the Board of Supervisors

ATTEST:

Clerk of the Board of Supervisors

[SEAL]

APPROVED AS TO FORM AND LEGAL EFFECT:

JAMES B. LINDHOLM, JR.
County Counsel

By: *[Signature]*
Deputy County Counsel

Dated: 4/12/06

L:\UTILITY\APR06\BOS\prop 50 LOC reso.wpd.EL:CAH

STATE OF CALIFORNIA, }
County of San Luis Obispo, } ss.

I, _____, County Clerk and ex-officio Clerk
of the Board of Supervisors, in and for the County of San Luis Obispo, State of California, do hereby
certify the foregoing to be a full, true and correct copy of an order made by the Board of Supervisors, as
the same appears spread upon their minute book.

WITNESS my hand and the seal of said Board of Supervisors, affixed this _____
day of _____, 20 _____.

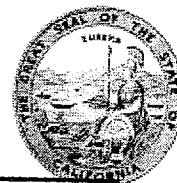
(SEAL)

County Clerk and Ex-Officio Clerk of the Board
of Supervisors

By _____

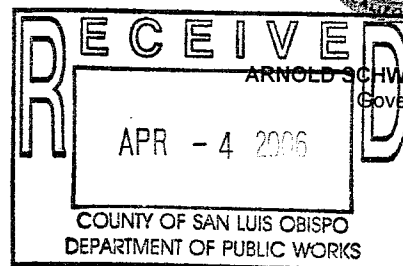
[Signature]
Deputy Clerk

State of California—Health and Human Services Agency
Department of Health Services



California
Department of
Health Services

SANDRA SHEWRY
Director



March 30, 2006

Department of Public Works
County of San Luis Obispo
Attn: Mr. Douglas C. Bird, Grant Administrator
County Government Center, Room 207
San Luis Obispo, CA, 93408

Dear Mr. Bird:

WATER SECURITY, CLEAN DRINKING WATER, COASTAL AND BEACH PROTECTION ACT OF 2002 WATER CODE, DIVISION 26.5 COMMENCING WITH SECTION 79500 (PROPOSITION 50) CHAPTER 4a.5 – DISINFECTION BYPRODUCT TREATMENT FACILITIES FUNDING FOR **SAN LUIS OBISPO, COUNTY WATER DISTRICT (SLO CWD) NO. 10 - CAYUCOS**, PROJECT P50-4010025-003

Your application for funding under the Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 has been reviewed by the Department of Health Services (DHS) and the Department of Water Resources (DWR). We have determined that project number P50-4010025-003, as proposed by the **SLO CWD**, is eligible for a grant in the amount of \$300,742.96.

This letter and the Attachment hereto serve as our Letter of Commitment. Funds in the amount of \$300,742.96 have been reserved for this project provided the terms and conditions as set forth in the Attachment herein are timely met, subject to availability of funds. **In order to maintain this reservation of funds it is essential that you sign the Attachment at the space provided and return it within 60 days.**

The State commends the **SLO CWD** for taking steps to enhance the provision and protection of the drinking water supplied to your consumers. If you have any questions regarding this letter, please contact Leah Walker at (916) 449-5620.

Sincerely,

Rufus B. Howell, Acting Chief
Division of Drinking Water
and Environmental Management

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Mr. Douglas C. Bird
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Enclosure

cc: The Honorable Abel Maldonado
Member of the Senate
State Capitol, Room 4082
Sacramento, CA 94249-0001

The Honorable Sam Blakeslee
Member of the Assembly
State Capitol, Room 5126
Sacramento, CA 94249-0001

Mr. Dean Benedix, Utilities Division Manager
Department of Public Works
County of San Luis Obispo
County Government Center, Room 207
San Luis Obispo, CA 93408

Mr. Eric Laurie, Project Coordinator
Department of Public Works
County of San Luis Obispo
County Government Center, Room 207
San Luis Obispo, CA 93408

Mr. Ken Cardoza, Accountant
Department of Public Works
County of San Luis Obispo
County Government Center, Room 207
San Luis Obispo, CA 93408

Mr. Kurt Souza, Regional Engineer
Division of Drinking Water and Environmental Management
Department of Health Services
1180 Eugenia Place, Suite 200
Carpinteria, CA 93013

Ms. Sylvia O. Hunter, Chief
Safe Drinking Water Office
1416 Ninth Street, Room 804
Department of Water Resources
P.O. Box 942836
Sacramento, California 94236-0001

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Proposition 50
Chapter 4a.5
Letter of Commitment Attachment

Application for funding under the Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 has been reviewed by the Department of Health Services (DHS) and the Department of Water Resources (DWR). DHS has determined that project number P50-4010025-003, as proposed by the Applicant, **SAN LUIS OBISPO, COUNTY WATER DISTRICT (SLO CWD) NO. 10 - CAYUCOS**, is eligible for a grant in the amount of \$300,742.96.

Funding is contingent upon compliance by Applicant with the following terms and conditions. Compliance shall be determined at the sole discretion of DHS or its authorized representative. Items indicated as DWR Requirements must be submitted to DWR. Items indicated as DHS Requirements must be submitted to DHS as directed.

- I. Not later than 6 months following the date Applicant signs this Letter of Commitment, unless otherwise specified in this letter, Applicant shall complete all requirements of this section I. All items under Section I must be submitted before a funding agreement will be issued for signature by Applicant's authorized representative.**

DWR Requirements

1. Submit a written resolution, adopted by Applicant's governing body, designating an official with legal authority to:
 - a. sign the funding agreement;
 - b. sign the Budget and Expenditure Summary form, copy enclosed;
 - c. approve claims for reimbursement;
 - d. sign the Contractor's Release form (DHS form 2352), copy enclosed; and
 - e. sign the certification that the project is complete and ready for final inspection.

Person(s) signing the Budget and Expenditure Summary and project completion certification must be a registered engineer(s) or person(s) approved by DHS.

2. Submit a written designation of an official to serve as Applicant's Grant Administrator.

Note: Applicant may submit a draft of the resolution(s) to DWR for review prior to taking it to Applicant's board or governing body for adoption or approval. DWR may then review the draft and make recommendations in advance, thus avoiding unnecessary delays in issuance of Applicant's funding agreement. DWR cannot accept a resolution that does not meet the

program requirements. Applicant is encouraged to commence satisfaction of the above DWR Requirements immediately. Any concerns or comments should be directed to DWR.

DHS Requirements

1. Labor Compliance documentation: Documentation shall be submitted to DHS by April 26, 2006, demonstrating compliance with Labor Code section 1771.8.

II. Prior to final execution of the funding agreement by DWR, the following items must be provided:

DWR Requirements

1. Sign and return funding agreement documents to DWR within 60 calendar days of the receipt of the funding agreement package.
2. Complete and sign a Payee Data Record (STD 204), copy enclosed. This form is to be returned with the signed funding agreement

Failure to timely comply with DWR and DHS Requirements in Sections I and II may result in a withdrawal of this Letter of Commitment. Should this occur, Applicant's project will be bypassed but will remain on the project priority list. Applicant may submit a new application for future funding only after receiving another letter of invitation from DHS. If for any unforeseen reason Applicant is unable to comply with any of the above requirements, Applicant should contact DHS as soon as possible.

III. Before any funds may be disbursed under terms of the funding agreement, the following items must be provided:

DWR Requirements

1. Evidence that a separate checking account or a separate ledger has been established to account for funds received from the State.

Please indicate the name and address of the financial institution, exact name of account holder, and the account name and number. If this checking account is not used solely to account for funds received from the State, Applicant must establish a ledger within Applicant's accounting system identifying the project number and Proposition 50 funding agreement number.

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DHS Requirements

1. Submit an initial project budget of eligible project costs approved by DHS on a DWR Budget and Expenditure Summary form.
2. Permit Application: A permit application, along with the appropriate fees shall be submitted to DHS to reflect the changes in the treatment process.

IV. General Requirements

1. If Applicant is required to provide matching funds, with each disbursement claim submitted, Applicant must submit acceptable documentation that an equal amount has been expended, from non-state sources, for eligible project costs.
2. If any materials submitted to satisfy the conditions of the Letter of Commitment are deemed inadequate, Applicant must submit additional information as specified, and within the timeframe designated by DHS.
3. As grant funding is to be provided, Applicant must use a competitive bid process for the construction of the project. The bid summary must be submitted to DHS for review prior to the awarding of the prime construction contract.
4. Applicant must initiate project construction within one year of execution of funding agreement by DWR.
5. Applicant must complete project construction within three years of execution of funding agreement by DWR.
6. Subsequent to funding agreement execution Applicant may request a **one-time** increase in funding. Such request must be **based upon competitive bids** and shall be submitted to DHS. Approval of Applicant's request may be granted or denied at the sole discretion of the State, and is subject to funding availability.
7. All disbursements for construction costs may be subject to a ten percent (10%) retention on each claim until completion of the project as specified in the funding agreement.
8. This Letter of Commitment is not an authorization to begin construction. Unless prior written approval from DHS is received, initiation of construction of this project prior to the execution of a Proposition 50 funding agreement may affect DHS participation in reimbursement of eligible costs.

9. Applicant may be reimbursed for eligible construction expenses incurred as of the date of this Letter of Commitment, subject to the limits of the grant and any other conditions specified in this Letter of Commitment and/or the funding agreement. Applicant may be reimbursed for eligible preliminary expenses incurred after March 5, 2005. Eligible preliminary expenses incurred after October 28, 2003 may count towards the matching fund requirement. Eligible construction expenses incurred after October 28, 2003 and prior to the date of this Letter of Commitment may count towards the matching fund requirement. Reimbursements will not occur until the funding agreement has been executed.

Note: Pursuant to Government Code Section 8546.7, the contracting parties shall be subject to the examination and audit of the State or any agent thereof, and the State Auditor.

All correspondence for DWR, unless otherwise noted, shall be submitted to:

Department of Water Resources
Safe Drinking Water Office
Attention: Patricia Schroeder
1416 Ninth Street, Room 804
P.O. Box 942836
Sacramento, CA 94236-0001

All correspondence for DHS, unless otherwise noted, shall be submitted to:

Department of Health Services
Division of Drinking Water and Environmental Management
Proposition 50 Program
P.O. Box 997413, MS 7408
Sacramento, CA 95899-7413

Applicant's signature below indicates Applicant's acceptance of these terms and conditions and Applicant's intention to proceed with the project. It does not constitute any obligation on Applicant's part to enter into the grant funding agreement. **Failure to sign and return this letter within the time period specified will result in the withdrawal of the reservation of funds and the bypassing of Applicant's project.**

In order to maintain the reservation of funds in the Proposition 50 account for Applicant's project, Applicant must sign this Letter of Commitment at the space provided below and return it within 60 days of receipt to DHS.

The terms and conditions set forth in this Letter of Commitment are acceptable to the **Entity Name** and it is our intention to continue with this project as proposed.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Address: _____

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BUDGET AND EXPENDITURE SUMMARY

Page _____ of _____

[illegible]

DWR 4277 (Rev. 11/00)

DWR 427 (Rev. 11/01)

Exhibit

Contractor's Release

Instructions to Contractor:

With final invoice(s) submit one (1) original and one (1) copy. The original must bear the original signature of a person authorized to bind the Contractor. The additional copy may bear photocopied signatures.

Submission of Final Invoice

Pursuant to **contract number** _____ entered into between the State of California Department of Health Services (DHS) and the Contractor (identified below), the Contractor does acknowledge that final payment has been requested via **invoice number(s)** _____, in the **amount(s) of \$** _____ and **dated** _____.
If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

Release of all Obligations

By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

Repayments Due to Audit Exceptions / Record Retention

By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment, will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

Recycled Product Use Certification

By signing this form, Contractor certifies under penalty of perjury that a percentage (0% to 100%) of the materials, goods, supplies or products offered or used in the performance of the above referenced contract meets or exceeds the minimum percentage of recycled material, as defined in Public Contract Code Sections 12161 and 12200.

Reminder to Return State Equipment/Property (If Applicable)

(Applies only if equipment was provided by DHS or purchased with or reimbursed by contract funds)

Unless DHS has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another DHS agreement, Contractor agrees to promptly initiate arrangements to account for and return said equipment to DHS, at DHS's expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

Patents / Other Issues

By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

ONLY SIGN AND DATE THIS DOCUMENT WHEN ATTACHING TO THE FINAL INVOICE

Contractor's Legal Name (as on contract): _____

Signature of Contractor or Official Designee: _____ Date: _____

Printed Name/Title of Person Signing: _____

DHS Distribution: Accounting (Original) Program

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PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

| | | | | | | | | | |
|--|---|--|---|--|--|-----------------|------------------|-----------------------|-----------------------|
| 1 | INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form. | | | | | | | | |
| 2 | PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 50%;">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table> | | | SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | E-MAIL ADDRESS | MAILING ADDRESS | BUSINESS ADDRESS | CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |
| SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | E-MAIL ADDRESS | | | | | | | | |
| MAILING ADDRESS | BUSINESS ADDRESS | | | | | | | | |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE | | | | | | | | |
| 3 | PAYEE ENTITY TYPE CHECK ONE BOX ONLY | ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - | NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. | | | | | | |
| | <table style="width: 100%;"> <tr> <td style="width: 30%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </td> <td style="width: 70%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </td> </tr> </table> | | | <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST | CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS | | | | |
| <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST | CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS | | | | | | | | |
| | <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - (SSN required by authority of California Revenue and Tax Code Section 18646) | | | | | | | | |
| 4 | PAYEE RESIDENCY TYPE <input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div> | | | | | | | | |
| 5 | I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below. | | | | | | | | |
| | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) | | TITLE | | | | | | |
| | SIGNATURE | DATE | TELEPHONE () | | | | | | |
| 6 | Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/ZIP: _____ Telephone: () _____ FAX: () _____ E-Mail Address: _____ | | | | | | | | |

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PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (Page 2)

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|--|--|--|----------------|--|--------------------------------------|----------------|---|
| 1 | <p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p> | | | | | | |
| 2 | <p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p> | | | | | | |
| 3 | <p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p> | | | | | | |
| 4 | <p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: www.ftb.ca.gov</td> </tr> </table> | Withholding Services and Compliance Section: | 1-888-792-4900 | E-mail address: wscs.gen@ftb.ca.gov | For hearing impaired with TDD, call: | 1-800-822-6268 | Website: www.ftb.ca.gov |
| Withholding Services and Compliance Section: | 1-888-792-4900 | E-mail address: wscs.gen@ftb.ca.gov | | | | | |
| For hearing impaired with TDD, call: | 1-800-822-6268 | Website: www.ftb.ca.gov | | | | | |
| 5 | <p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p> | | | | | | |
| 6 | <p>This section must be completed by the State agency requesting the STD. 204.</p> | | | | | | |

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.

All questions should be referred to the requesting State agency listed on the bottom front of this form.

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